UC Irvine
Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title
The Prevalence of Lesbian, Gay, Bisexual, and Transgender Health Education and Training in Emergency Medicine Residency Programs: Where are we now?

Permalink
https://escholarship.org/uc/item/5nm2750t

Journal
Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 23(1.1)

ISSN
1936-900X

Authors
Moll, Joel
Vennard, David
Noto, Rachel
et al.

Publication Date
2022

Copyright Information
Copyright 2022 by the author(s).This work is made available under the terms of a Creative Commons Attribution License, available at https://creativecommons.org/licenses/by/4.0/

eScholarship.org Powered by the California Digital Library
University of California

residency database. Two follow-up emails were sent over 3 weeks if no response was received. We collected information on program demographics, rotations, and didactic methods. We measured PDs' confidence of graduating residents' competence.

Results: We found email addresses for 249 (93%) of the 268 EM programs, of whom 119 (48%) PDs completed the survey. Of these, 79% (92) are 3-year programs with a median of 32 (IQR 24-42) residents from 33 states.

Almost half (57, 42%) of programs had no department of Pediatric Emergency Medicine (PEM) at their institution. PDs mostly reported that pediatric patients made up 10-20% (68, 59%) or 20-30% (33, 28%) of the overall patients seen by residents. In terms of rotations: 91% (110) require a PEM rotation, less than half (47, 43%) at a freestanding children's hospital; 83% (88) require PICU; and only 29% (34) require NICU.

The majority of curricula (70, 62%) are designed by PEM trained faculty, 85% (96) have PEM attendings teach lectures, and most (77, 68%) report that 10-20% of didactic time is spent on pediatrics topics.

PDs were less confident in their graduating residents' competence in the care of pediatric patients as compared to adult patients (Table 1).

Conclusions: There remains heterogeneity in pediatric training for EM residents. PDs are less confident in their graduating residents' competency to care for pediatric compared to adult patients.

Table 1. Comparison program director's confidence in their graduating resident's pediatric versus adult skills.

		Number (percent) Program Directors confident that ALL residents graduate with competency in this skill	Number (percent) Program Directors confident that fewer than all residents graduate with competency in this skill	p-value
Resuscitation skills	Neonatal	41 (42%)	57 (58%)	<0.0001
	Pediatric	77 (77%)	23 (23%)	
	Adult	99 (98%)	2 (2%)	
Trauma	Pediatric	79 (78%)	22 (22%)	<0.0001
	Adult	99 (98%)	2 (2%)	
Intubation	Pediatric	61 (62%)	37 (38%)	<0.0001
	Adult	101 (100%)	0 (0%)	
Venous access	Pediatric	40 (41%)	58 (59%)	<0.0001
	Adult	98 (98%)	2 (2%)	
Lumbar puncture	Pediatric	73 (73%)	27 (27%)	0.0009
	Adult	92 (91%)	9 (9%)	
Ultrasound	Pediatric	62 (62%)	38 (38%)	<0.0001
	Adult	100 (99%)	1 (1%)	
Urgent care	Pediatric	76 (79%)	20 (21%)	0.12

61 The Prevalence of Lesbian, Gay, Bisexual, and Transgender Health Education and Training in Emergency Medicine Residency Programs: Where are we now?

Joel Moll, MD; David Vennard, DO; Rachel Noto, MD; Timothy Moran, PhD; Paul Krieger, MD; Lisa Moreno-Walton, MD, MS, MSCR; Sheryl Heron, MD MPH

Learning Objectives: Our primary objective was if EM residencies offer education on sexual minority health. Secondary objectives include the number of actual hours versus desired, identification of barriers, and correlation of education with program demographics. Finally we compared with survey results from 2013.

Background: Despite inequities and disparities in Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) health, little education occurs in medical school or residency for emergency physicians. With increased focus on health inequities and disparities, and efforts of many organizations to provide education, we sought to reexamine the status of sexual minority health education in emergency medicine (EM) residencies.

Objectives: Our primary objective was to determine if EM residencies offer education on sexual minority health. Secondary objectives include the number of hours vs desired, identification of barriers, and correlation with program demographics. Finally, we compared our current data with past results of our 2014 study.

Methods: An identical survey to the 2014 study examining LGBTQ+ training was sent via email to EM accredited programs who had at least a class of residents.

Results: A total of 209 programs were identified, with a 54% response rate. The majority (75%) offered education content on LGBTQ+ health, for a median of 2 hours (IQR: 1 – 3) and a range of 0 to 22 hours. Respondents desired more education than offered (Median = 4, IQR: 2 – 5; $p<0.001$). The largest barrier identified was lack of time in curriculum (63%). The majority of programs had LGBTQ+ faculty and residents. Inclusion and hours positively correlated with presence of LGBTQ+ faculty or residents, University and county programs were more likely to deliver education than private groups ($p=0.03$). Awareness of LGBTQ+ resident but not faculty differed by region, but there was no significant difference in actual or desired content by region. Conclusion: The majority of EM training programs offer education in sexual minority health, although there remains a gap between actual and desired hours. This is a notable change since the original study demonstrating only 26% in 2014. Several barriers still exist, and the impact and completeness of education remain areas for further study